

FOIA # EPA-R2-2016-008488

We are enclosing (RCRA) hazardous waste information for two handlers. Your request indicated two different handlers, one for the address at 1764 Grand Avenue, Baldwin, NY and the other an EPA ID No. NYD008918450.





Region 2

# ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/05/2015

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER:</b>	<b>NYR000222190</b>
<b>INSTALLATION NAME:</b>	<b>PATHMARK 72623</b>
<b>INSTALLATION ADDRESS :</b>	<b>1764 GRAND AVE BALDWIN, NY 11510</b>
<b>MAILING ADDRESS :</b>	<b>2 PARAGON DR MONTVALE, NJ 07645</b>

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**


**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: PATHMARK 72623  
or Current Occupant**

**ATTN: LISA CARONE  
2 PARAGON DR  
MONTVALE, NJ 07645**



2015 SEP -2 A 11:17

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	EPA ID Number <u>NYR000222190</u>		
<b>3. Site Name</b>	Name: Pathmark 72623		
<b>4. Site Location Information</b>	Street Address: 1764 Grand Avenue City, Town, or Village: Baldwin County: Nassau State: NY Country: USA Zip Code: 11510		
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <u>445110</u> C. _____ B. _____ D. _____		
<b>7. Site Mailing Address</b>	Street or P.O. Box: 2 Paragon Drive City, Town, or Village: Montvale State: NJ Country: USA Zip Code: 07645		
<b>8. Site Contact Person</b>	First Name: Lisa MI: Last: Carone Title: Manager Strategic Sourcing Street or P.O. Box: 2 Paragon Drive City, Town or Village: Montvale State: NJ Country: USA Zip Code: 07645 Email: caronel@aptea.com Phone: (201)571-8428 Ext.: Fax: (201)571-8288		
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: The Great Atlantic & Pacific Tea Company Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 2 Paragon Drive City, Town, or Village: Montvale Phone: (201)573-9700 State: NJ Country: USA Zip Code: 07645 B. Name of Site's Operator: <u>Pathmark</u> Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Date Became Operator: <u>6/29/66</u>		

**10. Type of Regulated Waste Activity (at your site)**

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

**A. Hazardous Waste Activities; Complete all parts 1-10.**

- Y ☒ N ☐ **1. Generator of Hazardous Waste**  
If "Yes," mark only one of the following – a, b, or c.
- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.
- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

- Y ☒ N ☐ **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.
- Y ☐ N ☒ **3. United States Importer of Hazardous Waste**
- Y ☐ N ☒ **4. Mixed Waste (hazardous and radioactive) Generator**

- Y ☐ N ☒ **5. Transporter of Hazardous Waste**  
If "Yes," mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

- Y ☐ N ☒ **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

- Y ☐ N ☒ **7. Recycler of Hazardous Waste**

- Y ☐ N ☒ **8. Exempt Boiler and/or Industrial Furnace**  
If "Yes," mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

- Y ☐ N ☒ **9. Underground Injection Control**

- Y ☐ N ☒ **10. Receives Hazardous Waste from Off-site**

**B. Universal Waste Activities; Complete all parts 1-2.**

- Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

- Y ☐ N ☒ **2. Destination Facility for Universal Waste**  
Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**

- Y ☐ N ☒ **1. Used Oil Transporter**  
If "Yes," mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

- Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**  
If "Yes," mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

- Y ☐ N ☒ **3. Off-Specification Used Oil Burner**

- Y ☐ N ☒ **4. Used Oil Fuel Marketer**  
If "Yes," mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D003	D007	D009	D010	D011
P001	P042	P075	P081	U035	U122	U129
U150	U188	U248				

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.





## 12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

### 13. Comments

14. **Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	CHRISTOPHER W. MCGARRY, EVP & CAO	08/20/2015



## Edwards, Nathaniel

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**From:** Carone, Lisa <CARONEL@APTEA.com>  
**Sent:** Monday, September 21, 2015 3:14 PM  
**To:** Edwards, Nathaniel  
**Subject:** FW: RCRA Subtitle C Site Id Forms

Lisa Carone  
201-571-8428

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**From:** Carone, Lisa  
**Sent:** Monday, September 14, 2015 4:11 PM  
**To:** 'Edwards, Nathaniel'  
**Subject:** FW: RCRA Subtitle C Site Id Forms

I believe this should be the correct email. I resent the wrong email. Thank you again for your help!

Lisa Carone  
201-571-8428

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**From:** Carone, Lisa  
**Sent:** Tuesday, September 08, 2015 3:21 PM  
**To:** 'Edwards, Nathaniel'  
**Subject:** RE: RCRA Subtitle C Site Id Forms

My apologies! I read your email address too quickly and only saw .pa, not .epa, so I thought you were inquiring about our stores in PA. Please see below.

Thank you again,

Lisa Carone  
201-571-8428

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**From:** Edwards, Nathaniel [<mailto:Edwards.Nathaniel@epa.gov>]  
**Sent:** Tuesday, September 08, 2015 3:11 PM  
**To:** Carone, Lisa  
**Subject:** RE: RCRA Subtitle C Site Id Forms

*Good afternoon Ms. Carone,*

*Hi, thank you for the email. I should have been more specific. I need the same information you listed below for the following locations.*

*Pathmark 72623 – site operator: The Great Atlantic & Pacific Tea Company, Inc. – became operator 06/29/1966*

*Pathmark 72663 – site operator: The Great Atlantic & Pacific Tea Company, Inc. – became operator 09/20/1995*

***Wadbaums 70212 – site operator: The Great Atlantic & Pacific Tea Company, Inc. – became operator 07/23/2003***

***Wadbaums 70213 – site operator: The Great Atlantic & Pacific Tea Company, Inc. – became operator 06/27/1991***

***Wadbaums 70343 – site operator: The Great Atlantic & Pacific Tea Company, Inc. – became operator 05/14/1992***

***Have a great afternoon***

---

**From:** Carone, Lisa [<mailto:CARONEL@APTEA.com>]

**Sent:** Tuesday, September 08, 2015 12:31 PM

**To:** Edwards, Nathaniel

**Subject:** RE: RCRA Subtitle C Site Id Forms

Good Afternoon Mr. Edwards,

My apologies for the oversight. Please see below for the missing information.

1. Pathmark 72567: site operator – The Great Atlantic & Pacific Tea Company, Inc. – became operator 01/18/1967
2. Pathmark 76248: site operator – The Great Atlantic & Pacific Tea Company, Inc. – became operator 04/24/1996
3. Pathmark 76363: site operator – The Great Atlantic & Pacific Tea Company, Inc. – became operator 06/05/1996
4. Pathmark 76723: site operator – The Great Atlantic & Pacific Tea Company, Inc. – became operator 11/03/2000

Thank you very much for completing the forms!

Best,

**Lisa Carone**

Strategic Sourcing

The Great Atlantic & Pacific Tea Co.

2 Paragon Drive, Montvale, NJ 07645

Phone: 201-571-8428

Cell: 201-248-8672

Fax: 201-571-8288

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**From:** Edwards, Nathaniel [<mailto:Edwards.Nathaniel@epa.gov>]

**Sent:** Tuesday, September 08, 2015 11:21 AM

**To:** Carone, Lisa

**Subject:** RCRA Subtitle C Site Id Forms

***Good morning Ms. Carone,***

***We received four(4) site id forms with mission information on page one, section 9b. On all four forms, the “Name of Site’s Operator” is missing. The site’s operator is the name of the company listed in section 3, “Site Name.” The “Date Became Operator” is missing on all the***

## Edwards, Nathaniel

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**From:** Carone, Lisa <CARONEL@APTEA.com>  
**Sent:** Tuesday, September 22, 2015 2:38 PM  
**To:** Edwards, Nathaniel  
**Subject:** RE: RCRA Subtitle C Site Id Forms

Good Afternoon,

The short-term generator status is due to the stores closing.

Thank you,

### **Lisa Carone**

Strategic Sourcing  
The Great Atlantic & Pacific Tea Co.  
2 Paragon Drive, Montvale, NJ 07645  
Phone: 201-571-8428  
Cell: 201-248-8672  
Fax: 201-571-8288

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**From:** Edwards, Nathaniel [mailto:Edwards.Nathaniel@epa.gov]  
**Sent:** Tuesday, September 22, 2015 10:56 AM  
**To:** Carone, Lisa  
**Subject:** RE: RCRA Subtitle C Site Id Forms

*Good morning Ms. Carone,*

*I haven't forgotten about you. The system is still not operational... As soon as it comes back online, I will email you the id numbers.*

*Have a blessed day*

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**From:** Carone, Lisa [mailto:CARONEL@APTEA.com]  
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**To:** Edwards, Nathaniel <Edwards.Nathaniel@epa.gov>  
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Lisa Carone  
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*Have a great afternoon*

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**Sent:** Tuesday, September 08, 2015 12:31 PM  
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**Subject:** RE: RCRA Subtitle C Site Id Forms